Washington State Department of Social & Health Services

Dennis Braddock, Secretary

FALL-WINTER 2002

MEDICAL ASSISTANCE ADMINISTRATION

Breast cancer, black, poor: We need to talk

State proposes new series of community conversations to identify issues, interventions

A PROPOSED AGENDA

Here is a proposed agenda for planning a series of Community Conversation meetings to discuss breast cancer concerns among low-income African American women:

FIRST MEETING

Current snapshot

Projections at 5, 10 and 15 years

Identification of current barriers

Identification of potential resources

Identify potential Steering Committee members

SECOND MEETING

Goals for community meetings

Overall goals

Potential strategies

Finalize community communication plan

Networking plan to include opinion leaders in community meetings

THIRD MEETING

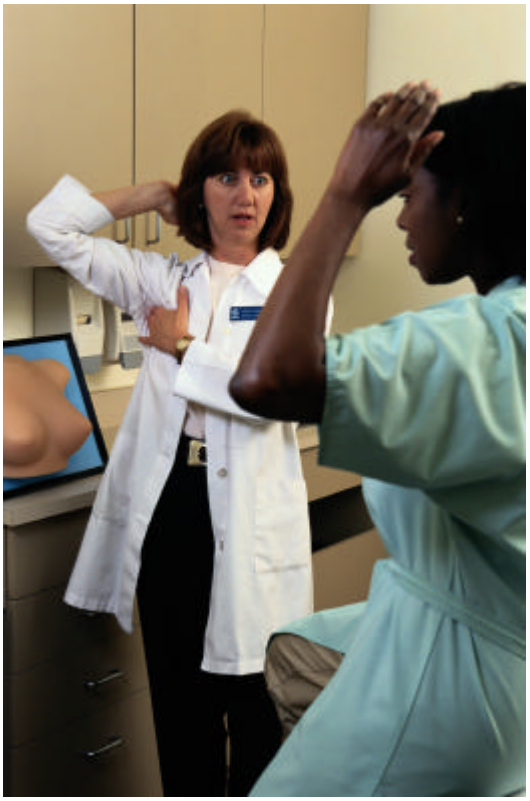
Assessment of community input

Refine strategies

Establish goals and performance measures

Define evaluation process

The state of Washington is seeking partners to help follow up on a recent study identifying a higher risk of undetected late-stage breast cancer among poor, urban, minority women.



This finding, although it will be the focus of a great deal of further study, has aroused an immediate interest in tracking down more information about barriers to screening and to develop possible interventions that can respond to the higher risk factors.

Over the past several years, the Medical Assistance Administration (MAA) of the Department of Social and Health Services has used a "community conversations" approach to collaborate with clients, providers and stakeholders about shared problems, mutual concerns, and possible solutions. The purpose was to encourage a variety of people to collaborate with MAA in creating a vision of how public-funded health care services can be provided to Washington state residents.

MAA is proposing to use this same community-based structure to talk with MAA's female African-American clients and other stakeholders about potential barriers to screening and early diagnosis for breast cancer. The purpose of the dialogue would be to design an intervention that would ease barriers and speed diagnosis of cancer when it occurs in this population.

Format of proposed community conversations:

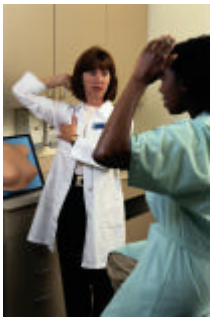
▶ **Steering Committee:** A maximum of 15 influential members of the African American community, providers and support-services representatives. The committee members must represent a full spectrum of necessary services for the project to succeed.

▶ **Purpose:** Synthesize what we learn from the community conversations, identify the promising directions, support implementation from a variety of providers, identify the ultimate performance measures and evaluate the implementation.

TALKING ABOUT…..

Community Conversations would be facilitated discussions that would cover a number of topics:

▶ What do we think is the problem?
▶ What real-life experiences confirm the link in the data?
▶ Why is it occurring in this population?
▶ What other information may be available to assist us?
▶ What kind of community resources exist to help us?
▶ What kind of barriers to screening exist and how are they manifested?
▶ What kinds of interventions may represent possible solutions? How can they be tested?



PROPOSED SITES FOR COMMUNITY CONVERSATIONS

▶ Northgate, Seattle
▶University District, Seattle
▶ Central Area, Seattle
▶ West Seattle
▶ South Seattle
▶ Renton
▶ Kent/Des Moines
▶ Hilltop, Tacoma
▶ Lakewood

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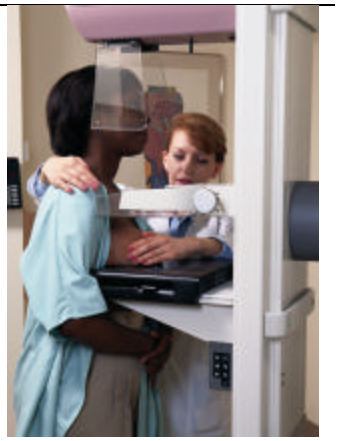
A sinister link between late-stage breast cancer and income, race, residence…



A recent state Department of Health study shows that that women who are urban, African-American AND on Medicaid are between 3.3 and 7.2 times more likely to be diagnosed with late-stage (AJCC Stage III and IV) breast cancer disease than women who had none of those characteristics. The research was the work of Joe Campo, DOH Research Investigator, who observed higher proportions of late-stage disease among Medicaid patients and set out to answer two basic questions:

1) Are Medicaid clients just not receiving appropriate screening? *OR*

2) Are their high rates of late-stage disease, as some have suggested, simply a function of uninsured women presenting with late stage disease and subsequently being enrolled in Medicaid?

To find the answers, Campo drew data from Medicaid files – including length of enrollment – as well as cancer registry information. Population characteristics included:

▶ Medicaid had propotionately more younger and older women than the non-Medicaid population.
▶ Medicaid enrollees include significantly more minorities than the non-Medicaid population.
▶ Medicaid minorities are predominantly African-American. Non-Medicaid minorities are predominantly Asian or Pacific Islanders.
▶ Medicaid populations are proportionately higher in rural areas than non-Medicaid.
▶ Medicaid diagnoses were significantly more late-stage.
▶ Logistic regression analysis showed that the factors significantly associated with increased risk for late-stage diagnosis were: 1) young age; 2) urban/suburban residence; 3) African-American race; and 4) past and current short-term or long-term Medicaid enrollment.

Campo noted that when all other factors were the same, the odds of late-stage diagnosis were:

For African-Americans, 1.6 times greater than for whites
For urban/suburban residents, 1.3 times greater than rural residents, and
For current or past Medicaid patients, between 1.6 and 3.2 times greater than non-Medicaid patients. When more than one risk factors is present, the effects are multiplicative.

▶ **In short, for women with all three of the above characteristics, the odds of late-stage diagnosis are between 3.3 and 7.2 times greater than someone white, rural and non-Medicaid.**

Other findings:

▶ Women enrolled in Medicaid for three months or less prior to diagnosis are at greatest risk for late stage disease – more than three times non-Medicaid women (odds ratio 3.2; 95% CI 2.6,3.9)
▶ Women enrolled in Medicaid for four months to a year or more prior to their diagnosis are at significant risk for late-stage disease – 60% more likely than non-Medicaid women (odds ratio 1.6; 95% CI 1.3,1.9)
▶ Women who had been enrolled in Medicaid but were not enrolled in the year prior to their diagnosis were also at significant risk – twice that of women who had never been enrolled (odds ratio 2.0; 95% CI 1.7,2.2)

From these findings and further analyses, Campo concluded:

▶ Significant disparities in stage at diagnosis exist.
▶ Populations at risk include urban/suburban communities, African-Americans, and former and current Medicaid enrollees. In short, women enrolled in Medicaid do not appear to be receiving appropriate screening.
▶ Areas at highest risk can be identified geographically to help target interventions.